

# UNITED STATES DISTRICT COURT

Eastern District of Louisiana

## APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

\_\_\_\_\_  
Plaintiff

V.

\_\_\_\_\_  
Defendant

CASE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_, declare that I am the (check appropriate box)

**G** petitioner/plaintiff/movant

**G** other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? **G** Yes **G** No (If “No,” go to Part 2)

If “Yes,” state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_

Do you receive any payment from the institution? \_\_\_\_\_

Have the institution certify the Statement of Account portion of this affidavit or attach a certified ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? **G** Yes **G** No

a. If the answer is “Yes,” state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is “No,” state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |              |             |
|---|--------------|-------------|
| a. Business, profession or other self-employment  | <b>G</b> Yes | <b>G</b> No |
| b. Rent payments, interest or dividends           | <b>G</b> Yes | <b>G</b> No |
| c. Pensions, annuities or life insurance payments | <b>G</b> Yes | <b>G</b> No |
| d. Disability or workers compensation payments    | <b>G</b> Yes | <b>G</b> No |
| e. Gifts or inheritances                          | <b>G</b> Yes | <b>G</b> No |
| f. Any other sources                              | <b>G</b> Yes | <b>G</b> No |

If the answer to any of the above is “Yes”, describe each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have **any** cash or checking or savings accounts? **G** Yes **G** No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? **G** Yes **G** No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

<u>Name</u>	<u>Relationship</u>	<u>Amount Contributed for Support</u>
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I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**STATEMENT OF ACCOUNT**

(Certified Institutional Equivalent)

(To be completed by the institution of incarceration)

I hereby certify that this inmate, \_\_\_\_\_, has a present inmate account balance of \$ \_\_\_\_\_ at the \_\_\_\_\_ institution. I further certify that the average monthly deposits for the preceding six months is \$ \_\_\_\_\_

*(The average monthly deposits are to be determined by adding the deposits made during a given month and dividing the total by the number of deposits made during that month. This is repeated for each of the six months. The average from each of the six months are to be added together and the total is divided by six).*

I further certify that the average monthly balance for the prior six months is \$ \_\_\_\_\_

*(The average monthly balance is to be determined by adding each day's balance for a given month and dividing that total by the number of days in that month. This is to be repeated for each of the six prior months. The balance from each of the six months are to be added together and the total is to be divided by six).*

\_\_\_\_\_  
Date Certified

\_\_\_\_\_  
Authorized Officer of Institution